



Dear Patient,

Please remember, we require **24 hours notice** when canceling an appointment. We understand that things come up at the last minute, but please try to give us as much notice as possible when canceling or rescheduling your appointment. Breaking an appointment without proper notice hinders our ability to care for you as well as others, because we lose a time slot that could have been used to help another patient.

As a company policy, please be aware that there will be a **\$25** charge for any **NO SHOW** appointment. This is not covered by your insurance company and will be expected to be paid in full at your next visit.

Thank you for your understanding and compliance with this policy.

Patient Signature _____ Date: _____